STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CHILD SUPPORT — GOOD CAUSE CLAIM FOR NONCOOPERATION

COUNTY USE ONLY
CASE NAME
CASE NUMBER
DATE OF APPLICATION
CARETAKER RELATIVE (IF DIFFERENT)
RELATIONSHIP TO CHILD(REN)
NONCUSTODIAL PARENT/ALLEGED FATHER
NAME OF CHILD(REN) OF NONCUSTODIAL PARENT/ALLEGED FATHER

I do not want to cooperate to establish paternity and to obtain support because it is not in the best interest of the child(ren) for whom aid is requested. Here's why: Check (✔):
I expect it to result in increased risk of **harm to the child(ren):**

A) ☐ Physical harm
B) ☐ Sexual harm
C) ☐ Emotional harm

I do not want to cooperate because:

D) ☐ The child(ren) was conceived due to incest/rape.
E) ☐ Increased risk of **domestic abuse.**
F) ☐ Legal court proceedings are going on for the adoption of the child(ren).

G) ☐ I am working with a public or licensed private adoption agency that is helping me decide whether to keep the child(ren) or to place them for adoption.

H) ☐ I have other credible reason(s) for not cooperating. Explain:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CERTIFICATION

I want to claim Good Cause for refusing to cooperate for the reasons checked above. I understand I may be asked to prove that I have Good Cause for refusing to cooperate.
I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained on this report are true, correct, and complete.

SIGNATURE OF APPLICANT OR RECIPIENT   DATE

EVIDENCE PROVIDED
☐ No investigation
☐ No evidence provided
☐ Birth certificate
☐ Medical records
☐ Court documents
☐ Social agency letter
☐ Mental health professional letter
☐ Sworn statement
☐ Other

CLAIM DETERMINATION - COUNTY USE ONLY

TO: **LOCAL CHILD SUPPORT AGENCY**   THIS CLAIM IS FOR   ☐ CHILD SUPPORT   ☐ MEDICAL SUPPORT

GOOD CAUSE EXISTS AND IS BASED ON: (✔)
A ☐ Increased risk of **physical harm** to child(ren)
B ☐ Increased risk of **sexual harm** to child(ren)
C ☐ Increased risk of **emotional harm** to child(ren)
D ☐ Incest or rape
E ☐ Increased risk of **domestic abuse** to parent/caretaker
F ☐ Legal adoption before the court
G ☐ Preadoptive services
H ☐ Other credible reason(s) for not cooperating

Explain good cause:

1. Request for Good Cause has been denied.

   Give reasons:

2. Was determination based on physical harm without evidence?   ☐ YES   ☐ NO

3. Was determination based solely on examination of evidence without investigation?   ☐ YES   ☐ NO

4. May enforcement proceed without applicant/recipient participation?   ☐ YES   ☐ NO

CWD REPRESENTATIVE'S SIGNATURE	WORKER NUMBER	PHONE NUMBER	DATE OF DECISION
SUPERVISOR'S SIGNATURE			DATE OF DECISION

CW 51 (7/01) REQUIRED FORM - SUBSTITUTE PERMITTED